

# INDIVIDUAL REGISTRATION FORM

## FEES

**Registration Deadlines:**

Pre-Registration (Online) - June 29<sup>th</sup>, 2026  
 Pre-Registration (In person)- July 3<sup>th</sup>, 2026 4:00pm  
 Late Registration- July 4<sup>th</sup>, 2026 6:00am-6:30am

Pre-Registration: **\$20.00pp**  
 Day of Event Registration: **\$25.00pp**  
 Participants over 65: **\$15.00pp**

**NON-REFUNDABLE AND NON-TRANSFERRABLE**

**NAME/ TEAM REPRESENTATIVE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE (HOME):** \_\_\_\_\_ **(CELL)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB DD/MM/YY** \_\_\_\_\_ **SEX:**  **M**  **F**

**EMERGENCY CONTACT:** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**MODE OF PARTICIPATION (PLEASE TICK ONE):**

**WHEELCHAIR**     **WALKING**     **RUNNER**     **PUSHING WHEELCHAIR**

**T-SHIRT SIZE (PLEASE TICK ONE):**

**S**     **M**     **L**     **XL**     **XXL**     **XXXL**    **Additional sizing please specify** \_\_\_\_\_

Group Challenge Registration : (10) or more persons in a group. Complete Group challenge form on the other side.

**MODE OF PAYMENT:**

**Sandilands Rehabilitation Centre | Mon-Fri 8:00am-3:00pm**

**CASH**     **CHEQUE**

**WAIVER REQUIRED:**

I understand that participating in this event potentially hazardous and I should not enter unless I am physically able and medically stable. I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risk I, for myself, my heirs and my executors, hereby release and forever discharge the Public Hospitals Authority, Sandilands Rehabilitation Centre and Geriatric Hospital, the Geriatric Push-a-thon Committee and each of their employees, agents, affiliates, members, volunteers, sponsors and representatives from all liabilities, claims, actions or damages against them arising out of or in any way connected with my participation in the event, I grant permission to use my name, photographs, videotapes, motion pictures, and other media of any kind or any record of the event to any legitimate purpose including promotional efforts of any kind without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferrable.

**I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.**

**Participant/ Team Rep Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Donation \$:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# GROUP CHALLENGE REGISTRATION FORM

**Challenge leader MUST complete form for entry group.**

**Registration Deadlines:**

- Pre-Registration (Online) - June 29th, 2026
- Pre-Registration (In person)- July 3rd, 2026 4:00pm
- Late Registration- July 4th, 2026 5:30am-6:00am

**FEES**

- Pre-Registration: **\$20.00pp**
- Day of Event Registration: **\$25.00pp**
- Participants over 65: **\$15.00pp**

**NON-REFUNDABLE AND NON-TRANSFERRABLE**

**GROUP NAME/ TEAM REPRESENTATIVE NAME:** \_\_\_\_\_

**GROUP LEADER'S ADDRESS:** \_\_\_\_\_

**TELEPHONE (HOME):** \_\_\_\_\_ **(CELL)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**MODES OF PARTICIPATION:**  **WHEELCHAIR**  **WALKING**  **RUNNER**  **PUSHING WHEELCHAIR**

Participant Name	Sex	Mode of Participation	T-Shirt Size	Paid	Emergency Contact (Name and Number)

**WAIVER REQUIRED:**

I understand that participating in this event potentially hazardous and I should not enter unless I am physically able and medically stable. I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risk I, for myself, my heirs and my executors, hereby release and forever discharge the Public Hospitals Authority, Sandilands Rehabilitation Centre and Geriatric Hospital, the Geriatric Push-a-thon Committee and each of their employees, agents, affiliates, members, volunteers, sponsors and representatives from all liabilities, claims, actions or damages against them arising out of or in any way connected with my participation in the event, I grant permission to use my name, photographs, videotapes, motion pictures, and other media of any kind or any record of the event to any legitimate purpose including promotional efforts of any kind without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferrable.

**I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.**

**MODE OF PAYMENT:**  **CASH**  **CHEQUE**

**Sandilands Rehabilitation Centre Mon-Fri 8:00am-3:00pm**  
*Please make cheque payable to Sandilands Rehabilitation Centre, Pushathon Committee*

**Participant/ Team Rep Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Donation \$:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_